

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027763

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 098

Primary Registration District No. 4165

Registrar's No. 75

STATE FILE NUMBER

FILED JUL 22 1963

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gallatin		c. CITY OR TOWN Gallatin	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ---		d. STREET ADDRESS (If outside, give location) ---	
3. NAME OF DECEASED (Type or print) First Middle Last Mildred Ann Merritt		4. DATE OF DEATH Month Day Year July 16 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-30-1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and state or country) Daviess Co., Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles Hagadorn		13b. MOTHER'S MAIDEN NAME Elizabeth Beard	
14. NAME OF HUSBAND OR WIFE Wm. Merritt		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. ---		17. INFORMANT Address B Wm. Merritt, Gallatin, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Brain Spine DUE TO (b) Cervical 7th, Thoracic 11th DUE TO (c) Metastasis Uterus (Surgical Removal 1962) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ---		INTERVAL BETWEEN ONSET AND DEATH 30 days	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ---		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year ---	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---	
20f. CITY, TOWN, OR LOCATION Gallatin		COUNTY Missouri STATE ---	
21. I attended the deceased from Aug 1962 to July 16 1963 and last saw her alive on July 16, 1963 Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deceased or title) Lloyd E. Nelson M.D.	
22b. ADDRESS Gallatin Mo.		22c. DATE SIGNED 7-18-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-18-1963	
23c. NAME OF CEMETERY OR CREMATORY Centenary Cemetery		23d. LOCATION (City, town, or county) (State) Gallatin Missouri	
24. FUNERAL DIRECTOR Hope Funeral Home, Gallatin, Mo.		25. DATE RECD. BY LOCAL REG. 7-19-1963	
26. REGISTRAR'S SIGNATURE Reginald Engelhart			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0310
2 0310
3
4 1
5 1
6
7 0
8 2
9 174X
10
11
12 90-2
13 1-0

Permit Recd 7-19-63 (NE)
Permit # 512

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *R. Dickerson*

Licensed Embalmer No. 3302

P. O. Address Ballston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.